


PTO/SB/31 (05-03)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 015270-005911US
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1 703 872 9306  on <u>January 23, 2004</u>  Signature _____  Typed or printed name <u>Rosemarie L. Celli</u>	In re Application of <u>Dale B. Schenk</u>	
	Application Number <u>09/724,567</u>	Filed <u>November 28, 2000</u>
	For <b>PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE</b>	
	Art Unit <u>1647</u>	Examiner <u>Christopher Nichols</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$330.</span>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$.</span>		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,397</u>		
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____		
		 Signature
		<u>Rosemarie L. Celli</u> Typed or printed name
		<u>650-326-2400</u> Telephone number
		<u>January 23, 2004</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 form is submitted.		

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